

## CLOSURE OF RECREATIONAL FACILITIES

ENVIRONMENTAL HEALTH NOTIFIED OF CLOSURE: Date: \_\_\_\_\_

TO: Madera County Environmental Health Department

FROM: Owner Name: \_\_\_\_\_

SUBJECT: Business Closure of: \_\_\_\_\_

Facility ID#: \_\_\_\_\_

I, Owner Name \_\_\_\_\_, no longer own or operate the pool(s) or spa(s) at

Business Name \_\_\_\_\_ located at

\_\_\_\_\_. Please terminate my

health permit for this facility. Thank you.

- ☐ Check here if pool(s)/spa(s) is emptied of water and permanently filled in. You will need to contact City or County Building departments prior to destruction.

Pool/Spa Permit # \_\_\_\_\_

- ☐ Please fill out the new owner information if business was sold.

New Owner/Operator Name: \_\_\_\_\_

New Business Name: \_\_\_\_\_

New Owner/Operator Number: \_\_\_\_\_

New Owner/Operator Address: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

### ENVIRONMENTAL HEALTH USE ONLY

Mailing address of current owner for account receivables:

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_